

Iowa State Innovation Model
Healthcare Innovation and Visioning Roundtable

February 15, 2018 9:00 am – 11:00 am

Greater Des Moines Botanical Garden

Room/Location: DuPont East
909 Robert D. Ray Drive, Des Moines, IA 50309

Meeting Minutes

9:00 – 9:15am: Welcome, Introductions and Purpose of Meeting

Jerry Foxhoven, Director, Iowa Department of Human Services, opened the meeting and welcomed Roundtable participants. Director Foxhoven invited Roundtable participants to briefly introduce themselves; members introduced themselves to group. Director Foxhoven reiterating the purpose of the Roundtable and shared a primary objective for the day was to develop a vision that can serve as a roadmap for future work of the Roundtable.

9:15 – 9:35am: Recap of December Roundtable Discussion

Hemi Tewarson, Director, Health Division, National Governors Association Center for Best Practices, provided a brief update on some items that have taken place at the national level since the December Roundtable meeting. These items included the budget deal passed by Congress that extends funding for the Children's Health Insurance Program and the confirmation of U.S. Department of Health and human Services Secretary Alex Azar

David Rogers, Managing Principal, Health Management Associates, provided a brief recap of discussion during the December Roundtable meeting. He highlighted the emerging themes evident in the dialogue among Roundtable members at the previous meeting. These themes were:

- Healthy Communities/Prevention
- Consumer Experience Across the Continuum
- Shared quality Metrics
- Use of Shared Data
- Enabling Technology
- Care Coordination and Patient-Centered Delivery System Alignment
- Health system Transparency and Education
- Value-Based Purchasing

Roundtable participants reviewed the themes that emerged from the first meeting in December.

9:35 – 10:35am: Vision of Sustainable Healthcare

Ms. Tewarson and Lori Coyner, Principal, Health Management Associates, facilitated a session to engage Roundtable members to develop a collective vision of sustainable healthcare. Ms. Coyner presented a

‘strawman’ vision statement for discussion. The strawman vision statement, which Ms. Coyner indicated was only a starting point for discussion, was as follows:

Working together, we will build a coordinated, data-supported healthcare system that is:

- Fiscally sustainable;
- Provides better health outcomes; and,
- Advances the economic and business environment for our state.

There was discussion among Roundtable members for the need for a vision to guide the work of the Roundtable and to develop a framework for healthcare innovation in Iowa. There was consensus that the vision statement should reflect the need to be transformative. There was also discussion that the vision needed to be broad and aspirational reflecting a vision of where Iowa will be if this work is a success. There was considerable discussion related to attributes^{see Note} of what a sustainable healthcare system would look like in Iowa. Attributes were discussed as ‘pillars’ of the vision. Pillars discussed among Roundtable members included:

- Affordable
- Sustainable (fiscal and otherwise)
- Accountable
- Coordinated
- Transparent
- High Quality
- Equitable
- Consumer/Family Engagement/Patient Centered

Pillars were compared to an influential framework put forth by the Institute of Medicine (IOM), which includes the following six aims for the healthcare system.¹

1. Safe: Avoiding harm to patients from the care that is intended to help them.
2. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
3. Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
4. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
5. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
6. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

¹Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.

Roundtable members had further discussion regarding the importance of terminology such as “system” and even “healthcare” and how various terms might need to be commonly understood for the vision statement to be meaningful to a variety of stakeholders. Roundtable members participated in offering modification to the strawman vision statement, with the following draft vision statement resulting:

Working inside and outside the healthcare system, we will create healthier communities and transform the delivery and financing of care to enable all Iowans to live longer and healthier lives.

Roundtable members were also asked to prioritize the themes identified from the December Roundtable meeting that the Roundtable will work on moving forward. Some additional themes emerged from the visioning work of the Roundtable. These new themes included reducing costs to businesses and consumers, engaging patients and families, promoting patient responsibility/accountability, distinguishing vulnerable populations, and recognizing/valuing caregivers for vulnerable populations.

10:35 – 10:50am: Iowa Landscape

Laura Jackson, Executive Vice President, Wellmark introduced a session related to recent analysis of Iowa healthcare demographics completed by Wellmark. Mike Fay, Vice President, Health Networks & Innovation, Wellmark, reviewed findings of the analysis to demonstrate how factors such as where you live, socio-economic status, family composition, and connection to a personal doctor, influence healthcare utilization and why it matters in moving toward health system sustainability.

10:50 – 11:00am: Next Steps

Director Foxhoven reflected on the morning’s collaborative discussion and summarize plans for follow-up and next meeting.